

## CLAIMS ONLY

Application Number

101109462462

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
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Total Indep	2					
Total Depend	17	←	←	←		
Total Claims	19					

\* May be used for additional claims or amendments

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Total Depend			←			
Total Claims			←			